

Foster Family Home - Corrective Action Report

Provider ID: 1-100109

Home Name: Diannah Macha, CNA

Review ID: 1-100109-5

94-1033 Hohola Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 10/23/2017

End Date: 10/23/2017

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a 2 client CCFFH recertification survey.
Home is in compliance with all requirements. Home will receive a 2 year 2 client certification.

Carrie Wakai

Compliance Manager

10/23/17

Date

pmocho

Primary Care Giver

10/23/2017

Date